CITY OF SAN ANTONIO INCENTIVE SCORECARD SYSTEM INCOME VERIFICATION FORM

INCE	NTIVE(S) APPLIED FOR (check all that apply):	
	S Energy Line Extension and Service Installation Fee Waiver WS Water and Sewer Impact Fee Waiver/Rebate	
Applica	ant:	
Applica	ation Date:	
CLIEN	T INFORMATION:	
1.	Client Name:	
2.	Client/Project Address:	
3.	Including the client, how many persons live in the household? (Include all household members who regularly live in the home, including thosaway.)	se who are temporarily

HUD SECTION 8 INCOME LIMITS

4.

Family Size	Low Income (80% of Median)	Very Low Income (50% of Median)	Extremely Low Income (30% of Median)	
1	\$28,850HigherLower	\$18,050HigherLower	\$10,800HigherLower	
2	\$32,950HigherLower	\$20,600HigherLower	\$12,350HigherLower	
3	\$37,100HigherLower	\$23,200HigherLower	\$13,900HigherLower	
4	\$41,200HigherLower	\$25,750HigherLower	\$15,450HigherLower	
5	\$44,500HigherLower	\$27,800HigherLower	\$16,700HigherLower	
6	\$47,800HigherLower	\$29,850HigherLower	\$17,900HigherLower	
7	\$51,100HigherLower	\$31,950HigherLower	\$19,150HigherLower	
8	\$54,400HigherLower	\$34,000HigherLower	\$20,400HigherLower	

During the past 12 months, was the total gross income of the household higher or lower than the income

listed below? (Please check the line below for the total number of persons in the household [line 4].)

INCOME ELIGIBILITY CERTIFICATION

STATE OF TEXAS	*	
COUNTY OF BEXAR	*	
Ī	do hereby	certify that I have read and completed the
attached Income Verification household, and the total groups of the state of the st	on Form, indicating the total ess annual income received du ine Extension and Service Ins	I number of persons living in the eligible tring the past 12 months, for consideration in tallation Fee Waiver or SAWS Water and
	ed necessary to substantiate n	and understanding that this statement and all ny eligibility is subject to full disclosure and
		-
		Applicant
		Date